



ZONING USE APPROVAL FOR BUSINESS TAX CERTIFICATE

This form will assist the Development Services Department in reviewing your proposed business or proposed new business location in a more clear and efficient manner. Please provide the following information and submit this form to our office located at 5515 Abercorn Street, Savannah, GA 31405. Or you can email the form to bbarnes@savannahga.gov or to tpetrea@savannahga.gov or fax it to us at 912.651.6543. Staff will respond within five business days with an answer or a request for additional information. Additional information may require an Application for a Building Permit, a Certificate of Occupancy Application, Site Plan Application, and/or a Zoning Board of Appeals Application, etc. to be submitted with the required documents/plans and application fees. If you do not know the Parcel Identification Number (PIN), please leave the space below blank.

NAME OF BUSINESS: _____

NAME OF OWNER/CORP: _____

CONTACT PERSON: _____ PHONE #: _____

BUSINESS ADDRESS: _____ PIN: _____

BUSINESS USE OR ACTIVITY: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____

EMAIL ADDRESS: _____ FAX #: _____

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Savannah is permitted by and conforms to the Zoning Ordinance and Building Regulations of the City before signing a lease or contract. Use or activity means any business activity including the dominant activity **and** all other business activity conducted by the business at a location.

You must not begin operation of your business until you provide proof that your business activity is permitted at that location.

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. Further, I understand that any Development Services approval issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances. Additionally, I understand that signage require a permit and a Certificate of Completion and will check with Development Services prior to the installation of any signage for my business. I have read this notice and understand my responsibility to ensure that my business meets all building and zoning requirements of the City of Savannah before opening my business.

Printed Name Owner/Applicant
(not company name)

Signature

Date

BUSINESS ADDRESS: _____

[illegible]

FOR OFFICE USE ONLY

Zoning: _____

Home Occupation: _____ **Home Salon/Care:** _____ **Non-Residential Structure:** _____

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